ISDH 2004 Hospital Service Report

(Annual Report under Indiana Code 16-21-6)

## **Lutheran Hospital of Indiana**

City: Fort Wayne County: Allen Year: 2004

Provider Type: General Acute Hospital

I. Inpatient Care				
Hospital Service Description				Average Charge Per Discharge
Burn Care	0	0	0	\$0
Cardiac Intensive	48	2,624	15,248	\$7,755
ICU Med/Surg	31	1,337	7,993	\$8,535
ICU Neonatal	22	688	7,154	\$13,967
ICU Pediatric	9	405	1,194	\$3,215
Medical/Surgical	188	10,782	56,019	\$3,215
Neonatal Intermed	0	0	0	\$0
Obstetrics	26	1,759	4,643	\$5,121
Pediatric	25	814	2,720	\$1,916

Psychiatric	16	334	4,550	\$18,437
Rehabilitation	0	0	0	\$0
Substance Abuse	0	0	0	\$0
Swing Beds	NA	0	0	\$0
Other Services	0	0	0	NA
Acute Subtotal	365	18,743	99,521	NA
Normal Newborn	0	0	0	\$0

II. Outpatient Visits				
Circulatory System	6,258	Digestive System	7,444	
Endocrine System	7,060	Injuries and Poison	9,697	
Mental Disorder	1,504	Musculoskeletal	7,740	
Neoplasms	7,376	Nervous	3,519	
Respiratory	6,073	Urinary	5,498	
Other/Unknown	27,626	Total Visits	89,795	
Number of Visits to Eme	31,323			
Percent of Emergency Department Visits of Total Visits			34.9%	

## Identification of Hospital Services

Each hospital has identified if it has one or more of a standard list of 66 services. This list of 52 services is updated annually by each hospital from the information initially requested by the Centers for Medicare & Medicaid Services when the hospital was initially certified for Medicare payment. The other 14 services have been identified in other sections of this report.

N - Ambulance Service (Owned)	N - Alcohol/Drug Service	Y - Anesthesia Services
N - Audiology	Y - Blood Bank	N - Cardiac Cath Lab
Y - Cardiac-Thoracic Surgery	N - Chemotherapy Service	N - Chiropractice Service
Y - CT Scanner	Y - Dental Service	Y - Dietetic Service
N - Extracorporeal Lithotripter	N - Gerontological Service	N - Home Health Service
Y - Hospice	Y - Laboratory Anatomical	Y - Laboratory Clinical
N - Magnetic Resonance (MRI)	Y - Neonatal Nursery	N - Neurosurgical Service
Y - Nuclear Medicine	Y - Occupational Therapy	Y - Operating Room
N - Opthalmic Surgery	N - Optometric Service	Y - Organ Bank
Y - Organ Transplant	N - Orthopedic Surgery	N - Pharmacy
Y - Physical Therapy	N - PET Imaging	Y - Postoperative Recovery
N - Psychiatric Emergency	N - Psychiatric Child	N - Psychiatric Forensic
N - Psychiatric Geriatric	Y - Radiology Diagnostic	Y - Radiology Therapeutic
N - Reconstructive Surgery	Y - Respiratory Care	N - Rehab Inpat CARF
Y- Rehab Inpat Non CARF Acc	N- Rehab Outpatient	Y- Renal Dialysis

Y - Social Services	Y - Speech Pathology	Y - Surgical Inpatient
Y - Surgical Outpatient	N - Trauma Center Certified	N - Transplant Cnt Medicare
N - Urgent Care Center		

NA =	Not applicable	NMF =	No meaningful figure NR =		Not reported

<u>Health Care Regulatory Services</u>

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